

CONSULTATION: REQUEST FOR DIALOGUE / RESPONSE (PART A) SCCCC Fall 2023/Spring 2024

Complete Sections A through D of this form. Send a copy together with Part B and any additional supporting documentation to unit(s) from which you require a response. Submit the completed form (Part A) together with responses received (Part B). See the *Guidelines for Completion of Undergraduate/Certificate Course and Curriculum Changes*.

| SECTION A –UNIT INITIATING | CONSULTATION | | | | | |
|--|---|--|--|--|--|--|
| Faculty/College/School: | | | | | | |
| Department or Program: | | | | | | |
| SECTION B – REASON FOR CO | NSULTATION | admission requirements decourse is a prerequisite for a course used in a program(s) offered by the unit. cof your response in Section C.) o satisfy: detics RIC List Spring 2024 | | | | |
| | | ired to comment on possible: | | | | |
| curricular overlap | infringement on jurisdiction | impact on demand for its course(s)/program(s) | | | | |
| The proposed course change requires the unit being consulted to submit a proposal to modify its: | | | | | | |
| course(s) | curriculum | admission requirements | | | | |
| For information: The de | leted/modified course is a prerequisite | for a course used in a program(s) offered by the unit. | | | | |
| Other reason (Please ela | aborate as part of your response in Sect | tion C.) | | | | |
| Request for assessment of cou | rse intended to satisfy: | | | | | |
| Written English | Mathematics | RIC List | | | | |
| Indicate the SCCCC deadline y | our unit will meet: Fall 2023 | Spring 2024 | | | | |
| Date Part A was sent to other | unit(s): | | | | | |
| Request a response by the dat | . , | | | | | |
| - Trequest a response by the date | | | | | | |
| SECTION C – DESCRIPTION OF | PROPOSED CURRICULUM/COURSE CHA | ANGE | | | | |
| | | Indicate why the consultation is required. Be specific, | | | | |
| including with respect to the p | otential impact on courses/curriculum/ | admission requirements in the other unit(s). | | | | |
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| SECTION D – UNIT(S) CONSUL | TED: List the faculties/colleges/schools/ | /departments consulted. | | | | |
| 52011011 2 | | departments consumed. | | | | |
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SECTION E – RESPONSES RECEIVED: <u>Attach</u> responses received from other units to your unit's submission to SCCCC.



CONSULTATION: RESPONSE AND NEXT STEPS (PART B) SCCCC Fall 2023/Spring 2024

Section F is to be completed by the unit initiating the consultation. Sections G - J are to be completed by the unit being consulted. Return the completed form (Part B) to the unit that initiated the consultation.

| SECTION F –UNIT INITIATING CONSULTATION | |
|---|--|
| Faculty/College/School: | |
| Department or Program: | |
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| | |
| SECTION G – UNIT RESPONDING | |
| SECTION G – UNIT RESPONDING Faculty/College/School: | |
| | |

SECTION H – RESPONSE

- Identify any impacts on course(s)/curriculum in your unit.
- Indicate whether your unit has any specific concerns with the proposed curriculum/course change that the proposing unit and SCCCC should be aware of.¹

See next page.

¹

¹ If a concern identified in Section H remains unresolved following a discussion between the two units, the units will jointly prepare and attach a brief description of their consultations, including possible solutions that were considered.

SECTION I - NEXT STEPS - IMPACTS AND SENATE COMMITTEE SUBMISSIONS REQUIRED

- List courses/programs in your unit that would be impacted by the proposed course/curriculum changes.
- Describe the impact on your courses/programs.
- Indicate when your unit will submit related curriculum or course change proposals to the SCCCC (e.g. Fall 2023 or Spring 2024)² or changes to admission requirements to SCADM.
- If your unit was contacted for information only, please acknowledge receipt of the information by completing sections I and J and returning the completed form to the unit that initiated the consultation.

| SECTION J – SIGNATURES | | | | |
|---------------------------|-----------|-----------|------|--|
| Department Approval: | | | | |
| | Type Name | Signature | Date | |
| Faculty/College/School Ap | proval: | | | |
| - | Type Name | Signature | Date | |
| | | | | |
| | | | | |

² Normally, related submissions to the SCCCC should meet the same submission deadline the initiating unit intends to meet. See Part A, Section B of the form.